

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 261-7083

Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703

E-Mail: web@drl.state.wi.us

Website: http://drl.wi.gov

MARRIAGE AND FAMILY THERAPY, PROFESSIONAL COUNSELING, AND SOCIAL WORK EXAMINING BOARD

DOCUMENTATION OF SUPERVISED CLINICAL FIELD PLACEMENT OR SUPERVISED CLINICAL SOCIAL WORK EXPERIENCE FOR CLINICAL SOCIAL WORKER LICENSE

Please check the appropriate box.

- ☐ Supervised clinical field training was completed during the master's or doctoral degree program.
If this box is checked, go to Part I.
- ☐ Supervised clinical social work experience was completed in lieu of supervised clinical field training.
If this box is checked, go to Part II.

PART I - DOCUMENTATION OF CLINICAL FIELD PLACEMENT (AS PART OF MASTER'S OR DOCTORAL PROGRAM)

Clinical Field Training (MPSW 2.01(7))

"Clinical field training" means a minimum of one academic year in the supervised practice of clinical social work services consisting of assessment; diagnosis; treatment, including psychotherapy and counseling; client-centered advocacy; consultation; and evaluation. "Clinical field training" does not include indirect social work service, administrative, research, or other practice emphasis as per Wisconsin Administrative Rule MPSW 2.01(7).

Supervised Clinical Field Training (MPSW 2.01(17))

"Supervised clinical field training" means training in a primary clinical setting which must include at least 2 semesters of field placement where more than 50% of the practice is to assess and treat interpersonal and intrapsychic issues in direct contact with individuals, families or small groups as per Wisconsin Administrative Rule MPSW 2.01(17).

Primary Clinical Setting (MPSW 2.01(13))

"Primary clinical setting" means a facility, or a unit within a facility, whose primary purpose is to treat persons with a DSM diagnosis as per Wisconsin Administrative Rule MPSW 2.01(13).

Note: If you completed 2 semesters of field placement to meet this requirement and the placements were in different settings, make a copy of this form and submit one for each placement.

Please type or print in ink

Name of Applicant _____

Name of agency/facility or unit where field placement occurred: _____

Brief description of agency/facility including services provided and type of clients served _____

Is the agency/facility or unit of the agency where the field placement was completed a "primary clinical setting" as defined above in **MPSW 2.01(13)**? [] yes [] no

Was more than 50% of the practice in this agency/facility to assess and treat interpersonal and intrapsychic issues in direct contact with individuals, families or small groups per **MPSW 2.01(17)**? [] yes [] no

Was this a block placement? [] yes [] no

If not a block placement, for how many semesters was this placement? _____

(# of semesters)

Dates of field placement: _____

mm/yy

mm/yy

mm/yy

mm/yy

Wisconsin Department of Regulation & Licensing

- ☐ I am/was the agency/facility-based Field Placement/Training Supervisor for the applicant.
- ☐ I am/was the Faculty Liaison with responsibility for this applicant's field placement/training.
- ☐ I am/was the Director/Coordinator of Field Placement/Training.
- ☐ Other, please explain fully _____

Please check the appropriate boxes for each clinical social work service the student provided:

- ☐ Assessment including difficulties in psychosocial functioning.
- ☐ Diagnosis including use of the DSM. (This means that it is reasonable to expect that this student could describe client symptoms accurately, complete a differential DSM diagnosis and write a treatment plan based on that diagnosis.)
- ☐ Treatment including psychotherapy and counseling including the ability to identify and describe the particular modality used.
- ☐ Client-centered advocacy.
- ☐ Consultation. (This means that the student can identify those case situations that require consultation and can present a clinical case.)
- ☐ Evaluation including the process of evaluating the effect of his/her practice on the client's treatment goals/objectives and the progress of the client through treatment.

Signature of Person Completing Form

Date (mm/yy)

PART II - IN LIEU OF SUPERVISED CLINICAL FIELD TRAINING, APPLICANTS MAY SUBMIT AN AFFIDAVIT INDICATING THAT THEY HAVE COMPLETED 1,500 HOURS OF SUPERVISED CLINICAL SOCIAL WORK EXPERIENCE IN NOT LESS THAN ONE YEAR WITHIN A PRIMARY CLINICAL SETTING, WHICH INCLUDES AT LEAST 500 HOURS OF FACE-TO-FACE CLIENT CONTACT AND IS SUPERVISED AS PROVIDED IN S. MPSW 4.01.

NOTE: If needed, make a copy of this form for each experience site.

Please type or print in ink

Name of applicant: _____

Name of facility at which supervised clinical social work experience occurred: _____

Dates of experience: _____

Number of hours completed: _____

Name of supervisor: _____

Title of supervisor: _____

AFFIDAVIT OF APPLICANT
(Sign and date in the presence of a notary)

I, _____, hereby swear or affirm that the statements made above are true and correct.
Applicant's name

Signature of Applicant

State of _____ County of _____

Subscribed and sworn to before this _____ day of

_____, 20____, by _____

(Applicant name)

Signature of Notary Public

S E A L

Date Commission Expires